



Treece, KS Voluntary Relocation Program Property Rental Information Form

Name: _____ Date: _____
(please print)

Treece Address: _____

Legal Description: _____

Property Type: ☐ Residential ☐ Non-Residential Business Name: _____

Property Use: ☐ Primary Residence ☐ Primary Business ☐ Rental Owner

Rental Income/Payment (Monthly): \$ _____

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Residential Property: Indicate # of each type of structure

Number of structures: House: _____ Garage: _____ Storage: _____ Livestock: _____

Type of House(s): Wood frame: _____ Modular: _____ Trailer House: _____ Size(s): _____

Type of Garage: Wood frame: _____ Metal: _____ Size(s): _____

Type of Storage Building: Wood frame: _____ Metal: _____ Size(s): _____

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Commercial Structures:

Number of structures: _____ Construction: Wood frame: _____ Metal: _____ Brick/block: _____

Size: _____

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Please provide additional contact information, especially if you do not live at Treece property.

E-mail: _____ Day Phone: _____

Evening Phone: _____ Cell Phone: _____

Mail Address: _____

City, State _____ Zip: _____

KDHE Contact: Bob Jurgens – Phone: (785) 296-1914; Email: bjurgens@kdheks.gov